

## Collin County Dental Plan Summary Effective January 1, 2007

### Dental Expense Benefits

Eligible Employees and their Covered Dependents may be covered under the Dental Plan. Eligible Expenses incurred by Covered Persons while coverage is in force pursuant to the terms and provisions of this Plan Document are payable pursuant to the Schedule of Benefits, subject to the deductible, coinsurance, and Maximum amounts, and other provisions of this benefit. A charge will be considered to have been incurred on the date the Covered Person received the dental care for which the charge is made. However, if dental care for any one dental procedure requires two or more appointments, the charges for such procedure will be considered to have been incurred on the date of the first appointment.

◆ <b>Calendar Year Maximum</b>	\$1,000
◆ <b>Deductible Amount</b> (Deductible does not apply to preventative or orthodontia services)	\$50 per person per calendar year 3 per family per calendar year
◆ <b>Lifetime Maximum for Orthodontia</b>	\$1,500 (\$2,000 if treatment prior to 12/31/99)
<b>BENEFIT PROVISION</b>	<b>BENEFIT PERCENTAGE</b>
<b>Preventative Services</b> <ul style="list-style-type: none"> <li>• Oral Examinations and Emergencies</li> <li>• Prophylaxis</li> <li>• Fluoride treatments for children under the age of 19 years</li> <li>• Sealants</li> <li>• Dental X-rays</li> <li>• Appliance Therapy for children under the age of 16 years</li> </ul>	80%/ No Deductible
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings (Amalgam, Silicate, Acrylic)</li> <li>• Root Canal</li> <li>• Periodontic Services</li> <li>• Endodontics</li> <li>• Extractions and other oral surgery</li> <li>• Stainless steel &amp; acrylic crowns</li> <li>• Test and Laboratory Exams</li> </ul>	80%/ Deductible Applies
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Gold and Porcelain fillings and crowns</li> <li>• Installation of bridgework and crowns</li> <li>• Repair, replacement and maintenance of bridgework and dentures</li> </ul>	50%/ Deductible Applies
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>• Removable appliance therapy</li> <li>• Space Maintainers for children</li> <li>• Fixed and removable appliance</li> <li>• Preventative orthodontic services</li> </ul>	50%/ No Deductible

This document is intended as a convenient summary of the major points of this benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.